

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115704

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSITY OF TAE KWON DO LLC

**Current Principal Place of Business:**

555 LEDWITH AVE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

19 N. 6TH STREET  
SUITE A  
HAINES CITY, FL 33844

**Current Mailing Address:**

622 CARVER DR  
LAKE WALES, FL 33853

**New Mailing Address:**

19 N. 6TH STREET  
SUITE A  
HAINES CITY, FL 33844

**FEI Number:** 27-3885014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTHONY, DAVIS D  
622 CARVER DR.  
LAKE WALES, FL 33853 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ANTHONY, DAVIS D  
Address: 622 CARVER DR.  
City-St-Zip: LAKE WALES, FL 33853

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTHONY DAVIS

MGR

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date